UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

<i>"</i>	Case No.		
Damon A. Benson	,))	(to be filled in by the Clerk's Office)	
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint.)		
If the names of all the plaintiffs cannot fit in the space above,) \		
please write "see attached" in the space and attach an additional page with the full list of names.)	,)		
-V-)		
Delaware County Shariff John Dodi))		
Delaware County Shariff, John Doeld) Delaware County Shariff, John Doeld)))		
)		
Defendant(s))		
(Write the full name of each defendant who is being sued. If the)		
names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page)		
with the full list of names. Do not include addresses here.)			

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a figureial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint nuless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$52) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six mouth period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

I. The Parties to This Complaint

A.	The	Plain	tiff	(s)

B.

2(-)	•
Provide the information below for eaneeded.	ach plaintiff named in the complaint. Attach additional pages if
Name	Damen A. Benson
All-other names by which	
you have been known:	Martin Fuller
ID Number	JS-9622
Current Institution	SCI-Frackville
Address	IIII Altamont Blvd.
	FRACKVIILE PA 17931
	City State Zip Code
The Defendant(s)	
individual, a government agency, an listed below are identical to those co the person's job or title (if known) and	organization, or a corporation. Make sure that the defendant is an organization, or a corporation. Make sure that the defendant(s) ntained in the above caption. For an individual defendant, include check whether you are bringing this complaint against them in their ity, or both. Attach additional pages if needed.
Defendant No. 1	
Name	Delaware County Shariff John Doe(1) Delaware County Shariff
Job or Title (if known)	Delaware County Shariff
Shield Number	unknown
Employer	Delaware County Shariff Department
Address	Dol W. Front St, Room 101, Shariff Courthouse
	Med 1a PH 196 63 City State Zip Code
	Individual capacity Official capacity
Defendant No. 2	
Name .	Delaware County Shariff, John Doca)
Job or Title (if known)	Delaware County Shariff.
Shield Number	Unknown
Employer	Delaware County Shariff Department
Address	101 W. Front St, Roam 101, Shariff Courthous Media PH 19063 Zip Code
	Individual capacity Official capacity

E.D.Pa. A	AO Pro Se 1	4 (Rev. 01/21) Complaint for Violation of Civil R	ights		
		Defendant No. 3 Name Job or Title (if known) Shield Number Employer Address	City Individual capacity	State Official capacity	Zip Code
		Defendant No. 4 Name Job or Title (if known)			
		Shield Number Employer Address	City	State	Zip Code
II.	Basis f	or Jurisdiction	Individual capacity	Official capacity	
	immun Federa	42 U.S.C. § 1983, you may sue state ities secured by the Constitution and a Bureau of Narcotics, 403 U.S. 388 (utional rights. Are you bringing suit against (check)	[federal laws]." Under <i>Bive</i> (1971), you may sue federal	ens v. Six Unknown Nan	ned Agents of
		Federal officials (a Bivens claim State or local officials (a § 198)	n)		7 - F
	В.	Section 1983 allows claims alleging the Constitution and [federal laws]." federal constitutional or statutory rig	the "deprivation of any rig" 42 U.S.C. § 1983. If you	are suing under section	1983, what
		8th and 14th Am	nendment		•1

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

E.D.Pa.	AO Pro Se I	4 (Rev. 01/21) Complaint for Violation of Civil Rights	
	-		
	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.	
III.	Prison	er Status	
	Indicat	we whether you are a prisoner or other confined person as follows (check all that apply):	
		Pretrial detainee	
		Civilly committed detainee	
		Immigration detainee	
	U	Convicted and sentenced state prisoner	
		Convicted and sentenced federal prisoner	
		Other (explain)	
IV.	Statem	ent of Claim	
	State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.		
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.	
		"during the 4-5hr. ride from SCI-Smithfield, to	
		George W. Hill, Correctional Facility.	

If the events giving rise to your claim arose in an institution, describe where and when they arose.

В.

C. What date and approximate time did the events giving rise to your claim(s) occur?

Nov. 18, 2022, appreximately 9-2:00 p.m which was nearly a (4-5hr) ride from SCI-8mithfield to George W. Hill, Correctional Facility.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

1. Both, Shariff John Doe (1) and Shariff John Doe (2) had arrived at SCI-Smithfield and placed Plaintiff Damon ABenson a ka martin Fuller into custody for transport to George W. Hill, Correctional Facility. Placing him into transport van - hand cuffed shackled thain, but re-fused to place him into seatbett Shariff John Doe (1) placed him into van - Shariff John Doe (2) Dove the vehicle Both Clenied him post-accident care and inadequide medica | care.)

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

1. Due to not being safely secured in a seathelt: which is Prisoner transport Procedure, a s-well as being the Law through-out the entire united States, Plaintiff Damon A. Benson a.k.a. Martin Fuller #53-9622 [Sustained injuries to head and lower back area to the extent he began to urinate blood during his arrival at, George W. Hill, Correctional Facility I. He was told by Officer ask medical Fora Motrinor something before they left the primaces

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Due to the open violation of both the Eigth and 14th Amendment of the United State Constition: and sustaining injuries to head, back and possible long term kidney dama age, mental pain and suffering. The plaintiff seek monitary Reliefin the amount of, Five Million Dollars. \$15,000,000.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes
	☐ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	George W. Hill, Correctional Facility with medical Records
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	□ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	□ No .
	Do not know
	If yes, which claim(s)?

D.	Did con	you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose cerning the facts relating to this complaint?
		Yes
	L	No "
	If n	o, did you file a grievance about the events described in this complaint at any other jail, prison, or er correctional facility?
		Yes
	U	No No
E.	If y	ou did file a grievance:
	1.	Where did you file the grievance?
	2.	What did you claim in your grievance?
	3.	What was the result, if any?
	7	
		,
	4.	What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
		•

	F.	If you did not file a grievance:		
		1. If there are any reasons why you did not file a grievance, state them here:		
		They never gave me grievance paper 8.		
		j j		
		2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:		
•		The entire intake staff at said correction Facility. (C.Os, Sgt's, Lt's) who along with medical		
		Staff who witness the incident.		
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative		
		Intake records and medical Records from the Nov. 18, 2022 — to the Plaintiff's departure, Records will provide time and date of injuries. It was documented (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)		
VIII.	Previou	is Lawsuits		
	The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facily brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).			
	To the b	pest of your knowledge, have you had a case dismissed based on this "three strikes rule"?		
	Ye.			
	If yes, s	tate which court dismissed your case, when this occurred, and attach a copy of the order if possible.		

A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
	Yes
	□ No /
В.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit
	Plaintiff(s) Damon A. Benson
	Defendant(s) Delaware County Shariff-Department,
	2. Court (if federal court, name the district; if state court, name the county and State)
	3. Docket or index number 23-CV-3300
	4. Name of Judge assigned to your case Chief Judge: Juan R. Sanchez
	5. Approximate date of filing lawsuit Aug 25, 2023
	6. Is the case still pending?
	Yes
	No
	If no, give the approximate date of disposition.
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
	The case against (D.C.S.D.) had been dis missed
	which the court allowed me to Amend case
C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: 11/2	3/2023		
		1		
	Signature of Plaintiff	- CA		
	Printed Name of Plaintiff	Damon A. Bens	301	
	Prison Identification #	JS-9622		<u> </u>
	Prison Address	III Alta mont 19	Blvd	
		FRackville	<i>_PA</i>	17931
		City	State	Zip Code
3.	For Attorneys			<u>-</u>
	Date of signing:		•	
		•		
	Signature of Attorney			<u> </u>
	Printed Name of Attorney		· .	
	Bar Number			
	Name of Law Firm			
	Address			
	•	City	State	Zip Code
	Telephone Number			
	E-mail Address			

